



Atty. Dkt. No. 056859-0107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Suman Preet Singh KHANUJA et al.

Title: A COMPOSITION COMPRISING PHARMACEUTICAL/NUTRACEUTICAL AGENT AND A BIO² ENHANCER OBTAINED FROM GLYCYRRHIZA GLABRA

Appl. No.: 09/655,710

Filing Date: 09/05/2000

Examiner: Susan D. Coe

Art Unit: 1651

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JUN 21 2002

TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

Small Entity statement is enclosed.

The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	48	—	48	= 0 x \$18.00 =	\$0.00
Independents:	3	—	3	= 0 x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$280.00 =	\$0.00
				CLAIMS FEE TOTAL: =	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$920.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$920.00
	Notice of Appeal		\$320.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$1240.00

Please charge Deposit Account No. 19-0741 in the amount of \$1240.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$1240.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

June 18, 2002

By



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